## FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidgue (in full)  (b) Address (number and street)  (c) Style, and (ii) P Code  1. 2	STATEMENT OF CANDIDACY	FERRECEIVED
(c) City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  (c) City, State, and ZIP Code  DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEES  (no. City, State, and ZIP Code  (d) Name of Committee (in full)  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (no. City, State, and ZIP Code  DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)  9. I intend to expend personal funds exceeding the fireshold amount (see 11 C.F.R. 400.9) by  9A  Intendity State, and ZIP Code  DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)  9. I intend to expend personal funds exceeding the fireshold amount for citizer election, you must enter "0.00" for each.  I certify that I have examined this Statement and to the best of my knowledge and belief its true, correct and complete.  Date  Dat	1. (a) Name of Candidate (in full)  Mr. DAM us Lyndell Powell	2007 NOV 13 AM 0 3
(c) City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralising Representatives)  NOTE: This designation should be filled with the appropriate office listed in the instructions.  (e) City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralising Representatives)  (c) City, State, and ZIP Code  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralising Representatives)  NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filled with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)  9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.8) by  9A  Intentity is the following personal funds exceeding the threshold amount for either election, and for the general election, and I certify that I have examined this Statement and to the best of my knowledge and being it is true, correct and compilete.  Dete		2. Identification Number
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FE3AN039 FEC FORM2 (REV. 02/2003)	FE3AN039	SEC FORM (PEV company)